

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>15 16</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i> FIRST <i>Troy</i> MI <i>W</i> NICKNAME LAST <i>Hill</i> SUFFIX <i>Jr</i>	OFFICE USE ONLY Date Received <i>04.01.2021</i> <i>Heathline</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>4105 Florentine</i> APT / SUITE #: <i>Leads TR</i> CITY: <i>TX</i> STATE: <i>TX</i> ZIP CODE: <i>78664</i> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i> PHONE NUMBER <i>745-2863</i> EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Self</i> MI NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>Same</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>() Same</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <i>1 / 16 / 21</i> THROUGH Month Day Year <i>4 / 1 / 21</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 1 / 21</i> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Troy Hill

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

21,175

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

1,122.28

4. TOTAL POLITICAL EXPENDITURES

\$

7,501.99

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

15,311.94

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

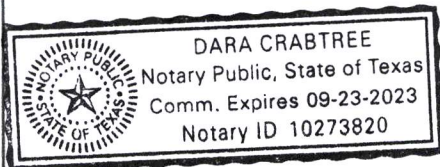
\$

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Troy Hill

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Troy Hill at City Hall this the 1 day of April,
2021, to certify which, witness my hand and seal of office.

Dara Crabtree Dara Crabtree Notary/City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,175
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 45,82
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7501.99
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 160

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 11
2 FILER NAME Troy Hice		3 Filer ID (Ethics Commission Filers)
4 Date ✓ 2/24	5 Full name of contributor Rance Hughes 6 Contributor address: City: State: Zip Code 2215 Westlake Austin TX 78746	7 Amount of contribution (\$) \$2500 ✓
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions)
Date ✓ 2/25	Full name of contributor Bruce Nakforn Contributor address: City: State: Zip Code 1705 Lakoshore Austin TX 78746	Amount of contribution (\$) \$1500 ✓ \$1000
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions)
Date ✓ 2/26	Full name of contributor Bruce White Contributor address: City: State: Zip Code 9239 Amberglen Austin TX 78729	Amount of contribution (\$) \$1000 ✓
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions)
Date 3/1	Full name of contributor Cameron DeTong Contributor address: City: State: Zip Code 2432 Daring Ct Leander TX 78641	Amount of contribution (\$) \$25 ✓
Principal occupation / Job title (See Instructions) IT Professional		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 11
2 FILER NAME Troy Hill		3 Filer ID (Ethics Commission Filers)
4 Date ✓ 3/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andy Hite	7 Amount of contribution (\$) \$5,000
6 Contributor address, City, State, Zip Code 1754 Baywood Circle TX 76613		
8 Principal occupation / Job title (See Instructions) Credit Card Processing		9 Employer (See Instructions)
Date ✓ 3/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Stiles	Amount of contribution (\$) \$250
Contributor address, City, State, Zip Code 4881 US-83 Landa TX 78641		
Principal occupation / Job title (See Instructions) Dr. Veterinary Clinic		Employer (See Instructions)
Date ✓ 2/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Pohl	Amount of contribution (\$) \$1,000
Contributor address, City, State, Zip Code 1000 Pecan Park Austin TX 78750		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions)
Date ✓ 3/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Mangrove	Amount of contribution (\$) \$100
Contributor address, City, State, Zip Code 5707 Longpoint, Austin TX 78750		
Principal occupation / Job title (See Instructions) Real Estate Dealer		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. <div style="text-align: right;">11</div>
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Troy Hill</div>		3 Filer ID (Ethics Commission Filers)
4 Date ✓ <div style="font-size: 1.2em; font-family: cursive;">3/17/21</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; font-family: cursive;">John Lewis</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">\$1000</div>
6 Contributor address City State Zip Code <div style="font-size: 1.2em; font-family: cursive;">3839 Bee Cave Austin TX 78746</div>		
8 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">Reas Estate Broker</div>		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address City State Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address City State Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address City State Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 11
2 FILER NAME Joey Hice		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glean Lander	7 Amount of contribution (\$) 650
6 Contributor address, City, State, Zip Code 1300 High Lanes Road TX 78641		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Moterier	Amount of contribution (\$) \$250
Contributor address, City, State, Zip Code 3602 Jandyway Road TX 78644		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Ureca	Amount of contribution (\$) \$200
Contributor address, City, State, Zip Code 1720 Mira Vista Road TX 78641		
Principal occupation / Job title (See Instructions) IT/Bookkeeper		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carla Birk	Amount of contribution (\$) \$100
Contributor address, City, State, Zip Code 1701 Jackpot Run Road TX 78641		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

600

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 11
2 FILER NAME Troy Hill		3 Filer ID (Ethics Commission Filers)
4 Date ✓ 8/22	5 Full name of contributor Jay Orkney 6 Contributor address 7740 183A, Leander TX 78642	7 Amount of contribution (\$) \$2500
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions)
Date ✓ 3/22	Full name of contributor Scott Martinez Contributor address: 2109 Sydnée Leander TX 78641	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Security		Employer (See Instructions)
Date ✓ 3/22	Full name of contributor Steve Best Contributor address: 307 Golden Bear Austin TX 78758	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date ✓ 3/22	Full name of contributor Jack Ford Contributor address: 1725 Harvest Lane, Leander TX 78641	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 11
2 FILER NAME Troy Hice		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/21	5 Full name of contributor Jay Ordoz <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$500
6 Contributor address, City, State, Zip Code 406 Olmos Ranch Dr 78641		
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions)
Date 2/22/21	Full name of contributor John Gordon <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100
Contributor address, City, State, Zip Code 1007 Green Meadows Road 78664 TX		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/22/21	Full name of contributor Mark Boffring <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$50
Contributor address, City, State, Zip Code 2601 Saddle Bl 78664 TX		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/4/21	Full name of contributor Jay Bland <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100
Contributor address, City, State, Zip Code 1625 Gilded Crest 78641 TX		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 11
2 FILER NAME J. Lee		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/21	5 Full name of contributor Girakattula Mallikarjuna <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code 2043 Gulfview Trwy ME 44084	7 Amount of contribution (\$) \$1000
8 Principal occupation / Job title (See Instructions) Real Estate Investor		9 Employer (See Instructions)
Date 3/20/21	Full name of contributor Munthly Antyakula <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 2025 Valley Oak Cove, Lakeland FL 34641	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions)
Date 3/19/21	Full name of contributor Sesuvu Rao-Burata Pissay <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 15704 Prazer Dr Austin TX 78717	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions)
Date 3/16/21	Full name of contributor Cheryl Thomas <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 3402 Lajitas Ln Lakeland FL 34641	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 11
2 FILER NAME Hayes Hice		3 Filer ID (Ethics Commission Filers)
4 Date 3/15	5 Full name of contributor Crystal Cloud 6 Contributor address, City, State, Zip Code 1513 Highland Lakes Dr 78641	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions)
Date 3/10/25	Full name of contributor Gregg Pizich Contributor address, City, State, Zip Code 1418 Rounding Oak Ranch TX 78641	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Marketing Marketing		Employer (See Instructions)
Date 3/10/21	Full name of contributor Paul Joris Contributor address, City, State, Zip Code 912 Tabernash Lane TX 78641	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions)
Date 3/20	Full name of contributor Vani Yafamanchili Contributor address, City, State, Zip Code 7104 Villa Maria Austin TX 78749	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Joy Hice</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Cameron De Jong</u>	8 Amount of Contribution \$ <u>45.82</u>	9 In-kind contribution description <u>online ad</u>
7 Contributor address; City; State; Zip Code <u>2432 Deering Ct Houston TX 77064</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 3	2 FILER NAME Froy Kiee	3 Filer ID (Ethics Commission Filers)
4 Date 3/28/21	5 Payee name Vistage Print	
6 Amount (\$) 629.38	7 Payee address: City: State: Zip Code Lago Vista TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description signs shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, off-iceholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date Payee name		
3/19/21	Dirt Cheap Signs	
Amount (\$) 150.47	Payee address: City: State: Zip Code Lago Vista TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description stakes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, off-iceholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date Payee name		
3/24/21	Dirt Cheap Signs	
Amount (\$) 150.47	Payee address: City: State: Zip Code Lago Vista TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description stakes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, off-iceholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 3		2 FILER NAME Tracy Hice		3 Filer ID (Ethics Commission Filers)	
4 Date 2/26/21		5 Payee name Vistago Print			
6 Amount (\$) \$1757.01		7 Payee address: 6706 Lohman Ford Rd.		City: Lago Vista	State: TX
				Zip Code: 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 3/14/21		Payee name Vistago Print			
Amount (\$) \$629.38		Payee address: 6706 Lohman Ford		City: Lago Vista	State: TX
				Zip Code: 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description T Shirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 3/19/21		Payee name Go Daddy.com			
Amount (\$) 191.75		Payee address: 14455 N. Hayden		City: Scottsdale	State: AZ
				Zip Code: 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description website		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <u>3</u>		2 FILER NAME <u>Joy Hill</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/14/21</u>		5 Payee name <u>Deep Dive Graphics</u>			
6 Amount (\$) <u>47.50</u>		7 Payee address: <u>Po Box 93</u>		City <u>League</u>	State <u>TX</u>
				Zip Code <u>78641</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u>		(b) Description <u>voter info</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/21/21</u>		Payee name <u>Deep Dive Graphics</u>			
Amount (\$) <u>\$2225</u>		Payee address: <u>Po Box 93</u>		City <u>League</u>	State <u>TX</u>
				Zip Code <u>78641</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>		Description <u>Mailman</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/27/21</u>		Payee name <u>Deep Dive Graphics</u>			
Amount (\$) <u>115⁰⁰</u>		Payee address: <u>P.O. box 93</u>		City <u>League</u>	State <u>TX</u>
				Zip Code <u>78641</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>		Description <u>Door hangers</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME <i>Joy Hill</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/16/21</i>	5 Name of person from whom amount is received <i>Austin Texas Credit Union</i>	8 Amount (\$) <i>\$150</i>
6 Address of person from whom amount is received; City; State; Zip Code <i>8929 Shoal Creek Circle TX 76157</i>		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>refund of fees</i>		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED